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In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each. In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>154</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>10</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Rafael Frias</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	5. Legitimate? <u>yes</u>
7. Date of birth <u>Dec 23-1923</u>		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Bernardo Frias</u>		Full maiden name <u>Maria Martinez</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>29</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Chihuahua</u>		18. Birthplace (city or place) <u>Chihuahua</u>	
(State or country) <u>Mex</u>		(State or country) <u>Mex</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Mixer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against syphilis neonatorum? <u>yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. M. Crow M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>Jan 31, 1924</u>	
Registrar. _____		Filed <u>2/3, 1924</u>	
		Local Registrar. <u>C. E. Davis</u>	
		County Registrar. <u>B. L. Jia</u>	

962-1223-449